

ALABAMA DEPARTMENT OF REVENUE MOTOR VEHICLE DIVISION

TITLE SECTION

P. O. Box 327640 • Montgomery, Alabama 36132-7640

Returned Title Request Form

This form must be completed by the owner or lienholder and mailed to the address listed above whenever an Alabama Certificate of Title has been returned by the United States Postal Service as undeliverable.

		TYPE OR PRINT O	NLY	
TYPE OR PRINT ONLY ALL OF THE FOLLOWING INFORMATION MUST BE COMPLETED: Vehicle Identification Number:				
Vehicle Identification Nu	mber:			
Year Model:	Make:		Model:	
Name of Owner(s):				
Name of First Lienholder	r (if any):			
United States Postal Ser NOTE: If th	rvice be mailed to the f	following address: enholder on the Ala	labama Certificate of Title, the Code of	he
Name:				
Mailing Address:				
City:		State:	Zip Code:	
			der is requesting the title, a Power of	
			Date:	
Printed Name of Individu Authorized Representati of Company Requesting	ve			

PLEASE ALLOW 15 WORKING DAYS FOR PROCESSING.

NOTE: NO FEE IS REQUIRED TO BE SUBMITTED WITH THIS FORM.